

Alabama State board of Prosthetists and Orthotists

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PRESIDING OFFICER



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SECRETARY

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2007 Renewal Application for Orthotists, Prosthetists, Orthotists/Prosthetists, Orthotic Suppliers, Assistants and Accredited Facilities

Please note the following information and fees must be returned to the Alabama State Board of Prosthetists and Orthotists office no later than January 31, 2007 to avoid fines and penalties. *(please submit separate payments for each license and/or facility.)*

Personal Information

Name: _____

Social Security Number/ Tax ID Number: _____

Accredited Facility where you are employed: _____

Type of License to be renewed: _____

Current business/home addresses/phone numbers/e-mail information:

Questionnaire:

Answer all of the following questions with either "yes" or "no." Do not leave any blanks.

If yes, on a separate sheet include all pertinent information such as explanations, dates, addresses, employers, physicians, institutions, agencies, and hospitals. The Board may request additional information.

- a. Have you ever been charged or found guilty of unprofessional or unethical conduct in civil or administrative law proceedings?

_____ Yes _____ No

- b. If you answered "yes" to question a, were the charges settled before or during a formal hearing?

_____ Yes _____ No

- c. Has a licensing, registration, or certification authority taken disciplinary action against you relating to the practice of orthotics or prosthetics, or any health care profession including Medicare/Medicaid fraud?

_____ Yes _____ No

- f. Have you ever had any professional license or certification denied, probated, suspended, or revoked?

_____ Yes _____ No

- g. Have you ever practiced with a revoked, suspended, expired, or inactive license?

_____ Yes _____ No

Fees:

License fee-single discipline	\$500
License fee-dual discipline	\$800
Licensed assistant fee	\$250
Accredited Facility fee	\$250
License duplicate or replacement	\$50
Registration of Orthotic Supplier	\$350

Total Remitted: \$ _____

I certify that the information provided in the licensure application and the 2006 renewal application is correct to the best of my knowledge and that I have informed the Board of any changes in my name, address and/or employment.

Signature

Date

If you wish to apply for additional licenses, go to www.apob.alabama.gov. You may contact the board office by email at asbpo@bellsouth.net or by calling 334-420-1111.